

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKGeorge W NASHRECEIVED
SDNY PRO SE OFFICE

2016 FEB -9 AM 8:34

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Detective Jason DeToro, New York
City Police DepartmentJury Trial: ☐ Yes ☒ No
(check one)

16CV0972

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name George W NASH
 Street Address 222 W. 77 Street Apt 315
 County, City New York
 State & Zip Code New York Zip 10024
 Telephone Number 718-431-5893

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Detective Jason DeToro, New York City
 Street Address Police Department, 100 Church Street

County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 2 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (*check all that apply*)

☐ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? U.S.C. 1331

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? CORNER OF 13 STREET AND WASHINGTON.

B. What date and approximate time did the events giving rise to your claim(s) occur? MAY 4 2013 ABOUT 145 AM.

C. Facts: UNDERCOVER CLAIMED I APPROACHED UNDERCOVER 0084 AND HAD A NARCOTIC RELATED CONVERSATION, UC CLAIMED I QUOTED 100 DOLLARS PER GRAM OF COCAINE, AND WE AGREED UNDERCOVER CLAIMED I GAVE ONE ZIP OF COCAINE, AND UNDERCOVER HANDS CASH \$100 DOLLARS UC CLAIMED I ASKED WHERE THE OTHER 100 DOLLARS AND UNDERCOVER REPLIED THAT THE ZIP OF COCAINE CONTAINED ONE GRAM NOT TWO, THERE ARE ALL FAKE STATEMENTS AND THIS I NEVER APPROACHED ANYONE AN INFORMANT APPROACHED ME LIKE HE WAS ON SOME KIND OF DRUGS AND ASK ME IF I HAD DRUGS I TOLD HIM NO THEY TWISTED THE STORY REPORT OR ARREST REPORT THAT NIGHT.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. YES I WAS ARRESTED DETAINED WITH TIGHT CUFFS BY THESE COOKS UNDERCOVERS. IT WAS GETTING HARD FOR ME TO BREATHE BECAUSE THERE WAS LACK OF AIR, WE DROVE AROUND FOR CLOSE TO TWO HOURS OF DRIVING WHEN WE ASK FOR ASSISTANCE THEY IGNORED WHICH IS LIFE THREATENING. THEY NEVER SAID DO WE NEED MEDICAL ATTENTION. I RECEIVE DRUGS AND SUFFER SHOULDER PAIN MY ARM WENT OUT WHEN WE GOT TO COURT.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

As I would like for my considering of Application to be Accepted for Trail for NOT the Acceptance of my poor Person Application and to File Suit Against these OFFICERS of the Night of May 4 2013. I would like you to review my case and see what happens in which we see the inclusion of our police officers we pay taxes for due to innocent people of color that's what I believe completely I was being profile as usual by police men.

I declare under penalty of perjury that the foregoing is true and correct.

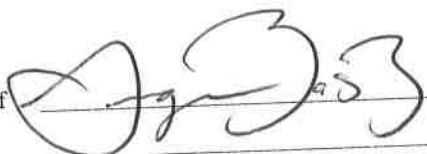
Signed this ____ day of _____, 20__.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)


222 W. 77ST NY NY
10024 Apt 315
718-431-5893

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this ____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

George Nash

222 W. 77ST, APT. 315
New York, NY 10024

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USMP3
SDNY

United States District Court
Southern District of New York
U.S. Courthouse, 500 Pearl Street
New York, NY 10007



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